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**FACSIMILE TRANSMITTAL SHEET**

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<b>TO:</b> Examiner Lina R. Kontos	<b>FROM:</b> Charles W. Shifley
<b>COMPANY:</b> U.S. Patent Office	<b>DATE:</b> July 8, 2003
<b>FAX NO.:</b> 703-746-9431	<b>TOTAL NO. OF PAGES:</b> (including cover sheet) 7
<b>YOUR REFERENCE NO.:</b>	<b>OUR REFERENCE (C/M) NO.:</b> 11738.00078
<b>RE:</b> Supplemental Amendment to conform with the Version With Markings to Show Changes Made attached to the Amendment Under 37 C.F.R. 1.111 Dated June 6, 2002	

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<b>NAME:</b> Shannon Salamone	<b>PHONE:</b> 312-463-5568
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Supplemental Amendment Under 37 C.F.R. 1.111(4 pages)

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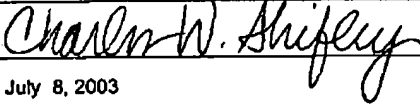
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/070,269
	Filing Date	April 30, 1998
	First Named Inventor	Harper
	Group Art Unit	3763
	Examiner Name	Lina R. Kontos
Total Number of Pages in This Submission	Attorney Docket Number	11738.00078

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input checked="" type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):		
<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Remarks</td> <td>Being filed via Facsimile</td> </tr> </table>			Remarks	Being filed via Facsimile
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The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733.				

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Charles W. Shifley
Signature	
Date	July 8, 2003

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